



## ATTENDANCE RECORD FOR MAS NURSE TRAINING

☐ Becoming a Certified MAS Nurse (Initial Training)

☐ MAS Nurse UPDATE

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**INSTRUCTOR(S):** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

	NAME (Print) Last, First, MI	SIGNATURE	RN/LPN	License No.
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